

Although we agree that slide latex agglutination is rapid and simple to perform, we think that its value in a genitourinary medicine clinic is not yet proved.

Yours faithfully,
M Z C Sulaiman
P E Partington
G R Kinghorn

Department of Genitourinary Medicine,
Royal Hallamshire Hospital, Glossop
Road, Sheffield S10 2JF.

Reference

- 1 Rajakumar R, Lacey CJN, Evans EGV, Carney JA. Use of slide latex agglutination test for rapid diagnosis of vaginal candidosis. *Genitourin Med* 1987;63:192–5.

TO THE EDITOR, *Genitourinary Medicine*

Aetiology of urinary symptoms in sexually active women

Sir,

We agree with the caution expressed by Dr Feldman and colleagues (*Genitourin Med* 1986;62:333–41) in ascribing the aetiology of urinary symptoms in women to any pathogen isolated from the genital tract. We conducted a prospective clinical and microbiological study of 15 women presenting to a department of genitourinary medicine with dysuria and frequency of micturition in the absence of vaginal infection. Initial urine specimens were obtained by suprapubic aspiration (SPA) in six cases. Ethics committee approval had been granted for this project.

Appreciable bacteriuria ($>10^5$ colony forming units (cfu)/ml) was found in urine specimens from five patients, one obtained by SPA. Coliforms (*Escherichia coli*) were present in three specimens, *Proteus spp* in one, and a mixed infection, including *Staphylococcus epidermidis*, in one. Herpes simplex virus was isolated from vulval sores, which had not been noticed by the patient, but not from the urethra, cervix, or urine of the patient with a mixed urinary infection.

Of 10 women found to have unremarkable bacteriuria, five underwent SPA. *Staph epidermidis* was isolated in small numbers (1.5×10^2 cfu/ml and 1.0×10^2 cfu/ml) from two patients, being a constituent of the urethral or periurethral flora in one.

A mixture of organisms was present in the midstream specimens of urine (MSSU) of four of five women with unremarkable bacteriuria. *Staph epidermidis* was isolated in all cases and was a constituent of the urethral

or periurethral flora in one. Diphtheroids and *Bacteroides spp* were present in two MSSUs, the former organism being a constituent of urethral or periurethral flora in both and the latter in one patient.

Mycoplasma hominis and *Ureaplasma urealyticum* were not isolated from any urine specimen obtained by SPA. *M hominis*, however, was present in six of 10 MSSUs and *U urealyticum* in four of 10 MSSUs. *Chlamydia trachomatis* was not isolated from any urine or genital tract specimen.

Commensal urethral flora were reflected in the MSSU samples obtained from patients with insignificant bacteriuria. *C trachomatis*, *U urealyticum*, and fastidious organisms were not associated with symptoms of frequency and dysuria in women in this study. Human papillomavirus has been described in association with the acute urethral syndrome in a few patients. Additional investigations to include urethroscopy, colposcopy, and biopsy, when appropriate, would contribute to this work together with assessing the role of other non-infectious causes, as suggested by Feldman *et al.*

Yours faithfully,
G E Forster*
P E Munday*†
B Walsh‡
S Das‡
C S F Easmon‡
L Wright†
J Carder†
D Taylor-Robinson†

*Department of Genitourinary Medicine, St Mary's Hospital, London W2.

†Division of Sexually Transmitted Diseases, MRC Clinical Research Centre, Harrow, Middlesex.

‡Department of Microbiology, St Mary's Hospital Medical School, London W2.

Book review

Sexually transmitted diseases by YM Felman. (Pp 321; £55.) Edinburgh: Churchill Livingstone, 1986.

Yet another volume on sexually transmitted diseases (STD) has appeared to add to the recent growth industry in this subject. I do not think that it will be a success with so many competitors on the market, as it is extremely lightweight and can most charitably be described as good only in parts.

The book is divided into 21 chapters with an additional section containing 35 small colour plates. All contributors except Dr Oriel are or were based in north America,

which means that there is a heavy bias towards America and limited reference to European data on the epidemiology of STD and patterns of sexual behaviour. Each chapter deals with an individual infection, related groups of conditions such as non-venereal diseases of the genitals, and the now standard sections on epidemiology, sexual behaviour, and prevention of infection. It seems curious that the chapter entitled "Gardnerella and Trichomonas vaginitis" is tucked away at the end of the book almost as an afterthought after "the prevention of STD".

My main complaint about this book is its lack of weighting for important conditions yet overemphasis on others. This leads to important omissions. For example, four chapters are devoted largely to homosexually related conditions with lengthy descriptions of amoebiasis and giardiasis, yet there is little more than a passing reference to the acquired immune deficiency syndrome in a chapter on Kaposi's sarcoma and half a page in the section entitled "Homosexuality and Sexually Transmitted Diseases". The chapter on gonorrhoea dismisses disseminated infection in two brief sentences, yet takes two pages to describe the diagnosis of gonorrhoea without describing how *Neisseria gonorrhoeae* is formally identified. Also heterosexual men apparently do not get gonococcal pharyngitis! In a book supposedly aimed at specialists who may at some time encounter STD it is disappointing that the role of an underlying urinary tract infection is not considered as a possible cause in the older man with non-gonococcal urethritis. Although early reference is made to the differences in the microbiology of women with pelvic inflammatory disease (PID) in the United States and Europe, the information provided is limited. The male partners of women with gonococcal PID are advised to be seen, but how about those who are contacts of chlamydial PID? Metronidazole is not even considered as part of the treatment for polymicrobial PID. Only seven day courses of treatment are recommended for vaginal candidosis, and the use of imidazoles or polyenes combined with hydrocortisone when appropriate is again not considered. The association between *Gardnerella vaginalis*, other anaerobic bacteria, and mycoplasmas is not discussed in the final chapter dealing with bacterial vaginosis, and the combination of group B streptococci with *Trichomonas vaginalis* is not considered in the context of persistent trichomonal infection.

My other grouse is a tendency for possibly

contentious statements to be made without reference. For example, "other organisms such as *T vaginalis*, *Chlamydia trachomatis* and *Treponema pallidum* have also been independently linked to cervical cancer", "gonococci disseminate in the blood more frequently from the pharynx than from other sites" and, when referring to early syphilis, "short incubation periods are

usually associated with large infectious inocula".

It is not all bad, however. The chapter on prevention provides an exceptionally sound description of the value of prophylaxis as employed by military personnel and prostitutes. Professor Fiumara's brief but concise contribution on late syphilis is handled elegantly and carries just the right amount

of information for this day and age.

The final factor to consider in reviewing a new book is its cost. At £55 it is grossly overpriced and it pales in comparison with its similarly priced namesake edited by Holmes, Mårdh, Sparling, and Weisner. I therefore cannot recommend or justify its purchase either by an individual or library.

R S Pattman

Notices

Organisers of meetings who wish to insert notices should send details to the editor (address on the inside front cover) at least eight months before the date of the meeting or six months before the closing date for application.

Fifth Zagazig international conference of dermatology and venereology

The fifth Zagazig international conference of dermatology and venereology will be held on 6 to 10 February 1988 in Cairo, Egypt.

For further information please contact Professor M Amer, Chairman, Dermatology and Venereology Department, Faculty of Medicine, Zagazig, Egypt.

First conference of the European Society for Chlamydia Research

The first conference of the European Society for Chlamydia Research will be held on 30 May to 1 June 1988 in Bologna, Italy. The main topics will include: epidemiology and preventive measures against chlamydial infections (with *C trachomatis* and *C psittaci*) in Europe, biology, clinical manifestations and treatment, immunology and interaction between host and parasite,

diagnostic procedures, chlamydial genetics, and vaccine development.

Please contact Dr Roberto Cevenini, Institute of Microbiology, University of Bologna, S Orsola University Hospital, 9 via Massarenti, 40138 Bologna, Italy (tel: 051-341652/302435).

Second international congress on sexual development and functioning

The Fay Institute of Human Relations will be presenting a second international congress on sexual development and functioning across the lifespan, in Montreal, on 22–24 October 1987. The theme will be "A celebration of sexual awareness". Papers for poster presentations are welcome.

Fees: \$165–240 (Cdn) or \$120–180 (US).

For more information, please contact Catherine Blake, Congress Coordinator, at the following address: The Fay Institute of Human Relations Inc, CP 5, Côte-des-Neiges, Montréal, Québec, Canada H3S 2S4.

XIII World conference on health education

"Participation for all in health" is the theme of the XIII World conference on health education to be held in Houston, Texas, USA, on 28 August to 2 September 1988. The conference, which is the triennial meeting of the International Union for Health Education, will address important health education issues and resolutions dealing with such topics as child survival, access to health, mass communications, international networking, the acquired immune deficiency syndrome (AIDS), and other topics. The conference organisers are the International Union for Health Education, The Centers for Disease Control, The National Center for Health Education, and the United States Host Committee.

For further information contact the US Host Committee, (713) 792-8540, or write to: The US Host Committee, PO Box 20186, Suite 902, Houston Texas 77225, USA.